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**DECLARATION AND POWER OF ATTORNEY**  
**FOR PATENT APPLICATION**

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter claimed and for which a patent is sought on the invention entitled:

**AMYLOID IMMUNIZATION AND COX-2 INHIBITORS FOR THE TREATMENT OF  
ALZHEIMER'S DISEASE**

The specification of which, with any Preliminary Amendment, (check one)

[ ] is attached hereto

[X] was filed on July 25, 2003, as United States Application Serial No. 10/627,357

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a)

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)	Priority Claimed
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PCT/US / (Number)	PCT (Country)	(Day/month/year filed)	[ ]Yes [ ]No
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I hereby claim the benefit under Title 35, United States Code, §119(e) and §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(US Patent No.)	(Filing date)	(Issue Date)
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(Application Serial No.)	(Filing date)	(Status)
60/402,760 (provisional)	August 12, 2002	
60/402,778 (provisional)	August 12, 2002	
60/402,674 (provisional)	August 12, 2002	
60/402,676 (provisional)	August 12, 2002	
60/402,655 (provisional)	August 12, 2002	
60/402,773 (provisional)	August 12, 2002	
60/402,675 (provisional)	August 12, 2002	

### POWER OF ATTORNEY

As a named inventor, I hereby appoint as attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith the following attorneys ad agents, their registration numbers being listed after their names:

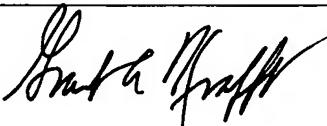
S. Christopher BAUER, Reg. No. 42,307  
 Julie S. CHAPPELL, Reg. No. 46,612  
 Kenton N. FEDDE, Reg. No. 54,701  
 J. Timothy KEANE, Reg. No. 27,808  
 Scott J. MEYER, Reg. No. 25,275  
 Rachel A. POLSTER, Reg. No. 47,004

Philip B. POLSTER II, Reg. No. 43,864  
 Thomas RIZZO, Reg. No. 41,272  
 Joseph R. SCHUH, Reg. No. 48,180  
 James M. WARNER, Reg. No. 45,199  
 Scott A. WILLIAMS, Reg. No. 39,876

All correspondence and telephone communications should be addressed to:

Customer Number: 26648  
 James M. Warner  
 Te: (314) 274-3642

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	LAST NAME	FIRST NAME	MIDDLE NAME
FULL NAME OF INVENTOR (DECEASED)	ROBERTSON	DAVID	W.
PERSONAL REPRESENTATIVE	KRAFFT	GRANT	
RESIDENCE & CITIZENSHIP (of Personal Representative)	CITY Glenview	STATE IL	COUNTRY USA
POST OFFICE ADDRESS (of Personal Representative)	POST OFFICE ADDRESS 1309 Evergreen	CITY Glenview	STATE OR COUNTRY IL
SIGNATURE OF PERSONAL REPRESENTATIVE ON BEHALF OF DECEASED INVENTOR		DATE 1/31/04	ZIP CODE 60025



Approved, SCAO

OSM CODE: LET

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF WASHTENAW

LETTERS OF AUTHORITY FOR  
PERSONAL REPRESENTATIVE

FILE NO.

03 087 06

Estate of David W. Robertson

TO:

Name, address, and telephone no.

Grant A. Krafft  
1309 Evergreen Court  
Glenview, IL 60025

OCT 15 2003

You have been appointed and qualified as personal representative of the estate on \_\_\_\_\_ You are authorized  
Date

to do and perform all acts authorized by law except as to the following:

Real estate or ownership interests in a business entity excluded from your responsibilities in your acceptance of appointment  
 Restrictions and limitations:

These letters expire: \_\_\_\_\_  
Date

OCT 15 2003

Date

Judge (formal proceedings)/Register (informal proceedings)  
Probate Register, Hillary A. Muscato Bar no.

SEE NOTICE OF DUTIES ON SECOND PAGE

Westerman & Associates, P.C.

Amy N. Morrissey

P48271

Attorney name (type or print)

Bar no.

345 S. Division

Address

Ann Arbor, MI 48104

(734) 995-9731

City, state, zip

Telephone no.

I certify that I have compared this copy with the original on file and that it is a correct copy of the original and that these letters are in full force and effect as of the date on the letters.

10/15/03

Date

Hillary A. Muscato  
Deputy Register  
CLC

Do not write below this line - For court use only

MCL 700.3103, MCL 700.3307, MCL 700.3414,  
MCL 700.3504, MCL 700.3601.

PC 572 (9/02) LETTERS OF AUTHORITY FOR PERSONAL REPRESENTATIVE MCR 5.202, MCR 5.206, MCR 5.307, MCR 5.310

The following provisions are mandatory reporting duties specified in Michigan law and Michigan court rules and are not the only duties required of you. See MCL 700.3701 through MCL 700.3722 for other duties. Your failure to comply may result in the court suspending your powers and appointing a special fiduciary in your place. It may also result in your removal as fiduciary.

**CONTINUED ADMINISTRATION:** If the estate is not settled within 1 year after your original appointment, you must file with the court and send to each interested person a notice that the estate remains under administration, specifying the reasons for the continued administration. You must give this notice within 28 days of the first anniversary of your appointment and all subsequent anniversaries during which the administration remains uncompleted. If such a notice is not received, an interested person may petition the court for a hearing on the necessity for continued administration or for closure of the estate.

[MCL 700.3703(4), MCL 700.3951(3), MCR 5.144, MCR 5.307, MCR 5.310]

**DUTY TO COMPLETE ADMINISTRATION OF ESTATE:** You must complete the administration of the estate and file appropriate closing papers with the court. Failure to do so may result in personal assessment of costs. [MCR 5.310]

**CHANGE OF ADDRESS:** You are required to inform the court and all interested persons of any change in your address within 7 days of the change.

**Additional Duties for Supervised Administration**

If this is a supervised administration, in addition to the above reporting duties, you are also required to prepare and file with this court the following written reports or information.

**INVENTORY:** You are required to file with the probate court an inventory of the assets of the estate within 91 days of the date your letters of authority are issued or as ordered by the court. You must send a copy of the inventory to all presumptive distributees and all other interested persons who request it. The inventory must list in reasonable detail all the property owned by the decedent at the time of death. Each listed item must indicate the fair market value at the time of the decedent's death and the type and amount of any encumbrance. If the value of any item has been obtained through an appraiser, the inventory should include the appraiser's name and address with the item or items appraised by that appraiser. [MCL 700.3706, MCR 5.310(E)]

**ACCOUNTS:** You are required to file with this court once a year, either on the anniversary date your letters of authority were issued or on another date you choose (you must notify the court of this date) or more often if the court directs, a complete itemized accounting of your administration of the estate. This itemized accounting must show in detail all income and disbursements and the remaining property, together with the form of the property. Subsequent annual and final accountings must be filed within 56 days following the close of the accounting period. When the estate is ready for closing, you are also required to file a final account with a description of property remaining in the estate. All accounts must be served on the required persons at the same time they are filed with the court, along with proof of service.

**ESTATE (OR INHERITANCE) TAX INFORMATION:** You are required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. Note: The estate may be subject to inheritance tax.

**Additional Duties for Unsupervised Administration**

If this is an unsupervised administration, in addition to the above reporting duties, you are also required to prepare and provide to all interested persons the following written reports or information.

**INVENTORY:** You are required to prepare an inventory of the assets of the estate within 91 days from the date your letters of authority are issued and to send a copy of the inventory to all presumptive distributees and all other interested persons who request it. You are also required within 91 days from the date your letters of authority are issued, to submit to the court the information necessary to calculate the probate inventory fee that you must pay to the probate court. You may use the original inventory for this purpose. [MCL 700.3706, MCR 5.307]

**ESTATE (OR INHERITANCE) TAX INFORMATION:** You may be required to submit to the court proof that no estate (or inheritance) taxes are due or that the estate (or inheritance) taxes have been paid. Note: The estate may be subject to inheritance tax.



2003-02157-D

STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH

0000054039

STATE FILE NUMBER

2145732

## CERTIFICATE OF DEATH



2. DECEDENT'S NAME (First, Middle, Last)

David

Wayne

Robertson

2 SEX

Male

3 DATE OF DEATH (Month, Day, Year)  
August 16, 2003

4. AGE - Last Birthday (Years)	5. UNDER 1 YEAR (Years)	6. UNDER 1 DAY Months Days Hours Minutes	7. DATE OF BIRTH (Month, Day, Year) July 30, 1955	8. COUNTY OF DEATH Washtenaw
48				

7b. LOCATION OF DEATH (Specify place officially pronounced dead in 7a, 7b, 7c)	7d. IF HOSP. OR INST. (Specify, if other Room, D.O.A. (Specify))	7e. CITY, VILLAGE, OR TOWNSHIP OF DEATH Scio Township
396 Wild Fox Ct.		

8. SOCIAL SECURITY NUMBER 461-02-4471	9a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Executive Director	9b. KIND OF BUSINESS OR INDUSTRY Medical
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10. CURRENT RESIDENCE - DOB (City State) Michigan	10c. LOCALITY (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF Scio	10d. STREET AND NUMBER 396 Wild Fox Court
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11. ZIP CODE 48103	12. BIRTHPLACE (City and State or former Country) Dumas, Texas	13. MARRITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Divorced	14. SURVIVING SPOUSE (If wife, give name before first married) Nixie McDougal
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15. ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chinese, other Asiatic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) American	16. RACE - American Indian, Black, White, etc. Asian, and nationality - Chinese, Filipino, etc. Indian, etc. (Specify below) White	17. DECEDENT'S EDUCATION (Specify any highest grade completed) Elementary/Secondary (D.E.C.)	18. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
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19. FATHER'S NAME (First, Middle, Last) R. L. Robertson	20. MOTHER'S NAME (First, Middle, Surname before first married) Nixie McDougal
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21. INFORMANT'S NAME (Type/Print) Nixie Robertson	22a. PLACE OF DISPOSITION (Name of Cemetery, Cemetery, or other place) Dumas Cemetery	22b. LOCATION - City or Village, State Dumas, Texas
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23. SIGNATURE OF FUNERAL SERVICE LICENSEE Dwyers RC Nix II	24. LICENSE NUMBER (or Licensee) 6752	25. NAME AND ADDRESS OF FACILITY Morrison Funeral Directors 1015 Dumas Ave., Dumas, Texas 79029
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26. PART I: List the disorders, injuries, or complications that caused the death or NOT cause the mode of dying, such as cardiac or respiratory failure, shock, or heart failure, but only one cause on each line	27. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH years
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28. IMMEDIATE CAUSE (Final Cause of death resulting in death)	29. DUE TO (OR AS A CONSEQUENCE OF) Hypertensive Cardiovascular Disease
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30. SUBSEQUENT CAUSES (If any, leading to immediate cause after underlying cause (Disease or event resulting in death) LAST)	31. DUE TO (OR AS A CONSEQUENCE OF)
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32. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE LISTED IN PART I	33a. WAS AN AUTOPSY PERFORMED LATER ON DEATH Yes	37b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) Yes
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33. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) Home	34. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) Yes	35a. (Check one only) The case reviewed and determined not to be a medical examiner's case <input checked="" type="checkbox"/> On the basis of examination and of investigation, as my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. Signature and Title: <i>J. Scott Somers</i>
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36. DATE SIGNED (Mo. Day, Yr.) 08/17/2003	37. TIME OF DEATH M	38. DATE SIGNED (Mo. Day, Yr.) 08/17/2003	39. CASE NUMBER 03-435
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40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) J. Scott Somers, MD, Deputy Med Exams, 2215 Hogback Rd., Ann Arbor, MI	41. TIME OF DEATH 4:00 P.M.	42. LICENSE NUMBER 66981
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43. IF SUICIDE, HOW NATURAL OR PENDING INVEST (Specify) natural	44. DATE OF INJURY (Mo. Yr.)	45. TIME OF INJURY 96	46. DESCRIBE HOW INJURY OCCURRED
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47. INJURY AT WORK (Specify, Yes or No)	48. PLACE OF INJURY - At home, farm, street, factory other building, etc. (Specify)	49. LOCATION - Street or R.F.I. No. City, Village or Town State
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50. REGISTRAR'S SIGNATURE <i>Peggy B. Vaines 145</i>	51. DATE FILED (Month, Day, Year) AUG 22 2003
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